

Proud Parenting Grant Program

Local Evaluation Plan

Vista Community Clinic

Prepared by:

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Project Background

In late February of this year the County of San Diego had 155 juveniles in detention, and 783 juveniles on probation. San Diego's Child Welfare Services had 1,587 young fathers with children in cases or investigations in FY 2020-21, of whom 36% had experienced CWS referrals as children, 33% were involved in investigations as children, 17% had substantiated Child Welfare Services (CWS) cases as children, and 7% had a childhood placement episode. Nonetheless, we know how drastically the turn has been from nearly 8,000 juvenile arrests in 2014 to fewer than 3,500 in 2018, from 450 juveniles in detention at any given time in 2015 to 160 today. Justice/CWS-involved youth and young adults who spend little or no time in detention facilities require meaningful services to help them define goals, progress in their educations, address traumas, and prepare for meaningful employment. This is particularly true for juvenile and young adult parents, who must grapple both with the challenges of their own young lives, and meet the responsibilities that they have to a child or children and a partner/co-parent.

VCC's proposed New Connections (**NC**) program will provide a highly effective intervention to assist these youth/young adults to be the best parents possible while moving to stabilize and enrich their own lives. The program will utilize a strength based approach building on existing assets with a trauma informed lens. Experience has demonstrated that treating program participants as capable individuals, guiding in areas of need, and modeling proper communication where dignity and respect is practiced, will yield positive outcomes.

Vista Community Clinic (**VCC**), a Federally Qualified Health Center headquartered in San Diego County, is proposing to implement its project, *New Connections: A Proud Parenting Initiative for San Diego County*, to provide parenting education, case management services, and anti-recidivism assistance to young parents involved in the juvenile justice system and/or who are crossover youth within the child welfare system.

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VCC has extensive experience in working with young parents and other youth with justice system involvement through two programs, including VCC's Dads' Club program, a comprehensive fatherhood education and life stabilization initiative that operated for a total of 10 years and ended in mid-2020 (VCC still maintains a modest parenting education program, Development-plus), and its Credible Messenger program, Resilience, a mentorship and resource access program for justice-involved youth, who are paired with mentors and meet in regular group sessions. VCC will invoke its parenting education expertise, including that in the areas of child development and co-parenting, and its case management expertise, in support of the youth and young adult parents to be served. NC provides a powerful opportunity to develop relationships of trust with and provide support for these young parents, based on an understanding of the challenges they have faced and face today, and the opportunity to help them build their own parenting and relationship skills, and provide them the support necessary to identify needs that stand between them and their realization of more stable and productive lives.

The goals of NC focus on assisting young parents (men and women) under the age of 25 and involved in the juvenile justice system and/or who are considered crossover youth in the child welfare system to improve the ability of the members of this target population to parent effectively, to enhance intergenerational bonding, and to promote participants' linkage to community resources that will stabilize and strengthen families, all of which will lead to improved child health and well-being.

VCC will recruit participants with the aid and support of San Diego County's Probation and Child Welfare Services departments. Over the three-year course of the project, VCC anticipates that NC will serve 75 parents under the age of 25 annually, for a total of 225 parents receiving project services. The project's prime intervention, the delivery of parenting education, will use the evidence-based Nurturing Parenting curriculum, which includes problem-solving content with the intention of preparing participants to make good decisions, and so reduce potential recidivism. The Nurturing Parenting curriculum is evidence-based and a 10-part workshop series, and completion will be defined as participation in a minimum of eight of ten workshops. The topics

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include: The Philosophy and Practices of Nurturing Parenting, Ages and Stages, Brain Development, Communicating with Respect, Building Self-Worth, Understanding Feelings, Family Morals, Values, and Rules, Praising Children, Alternatives to Spanking, and Dealing with Stress. The curriculum is best described by author Stephen J. Bavolek, Ph.D. as, “The Nurturing Parenting Programs are developed from both, strong philosophical and empirical bases that support the growth and development of parents and children as caring people who treat themselves, others, and the environment including animals with respect and dignity.”

The project will provide individualized case management (**CM**) services to each participant, who will participate in a social determinants of health-focused assessment and the Protective Factors screening, and then develop an Individualized Client Action Plan. The purpose of CM is to support resolution of barriers to a stable life, and identification of needs that, once met, will support long-term growth and stability, including assistance with basic needs, legal issues, education, and employment. VCC has extensive experience in providing CM to similar populations, and has a broad network of resources to invoke in support of meeting participants’ needs. While some in-person programming will be available, VCC anticipates that most participants will engage with the project virtually, both for the group educational and CM portions.

VCC is not aware of any resources specific to young parents with justice system involvement or who are crossover youth. This year, San Diego County’s District Attorney announced its Juvenile Diversion Initiative, a voluntary program which provides comprehensive therapeutic services, pro-social skill building opportunities, educational support, and restorative justice community conferencing for youth ages 12-18, designed to keep them from entering the justice system. However, this does not include a program specific to justice-involved or crossover youth who are parents.

The Goals and Objectives include:

Goal 1: To improve the quality and intensity of parenting provided by NC participants through involvement in and completion of the program parenting curriculum.

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Objective 1.1.: A minimum of 225 parents will engage with the Nurturing Parenting Program (**NPP**) curriculum during the project period, as documented through enrollment and attendance lists.

Objective 1.2.: A minimum of 75% of parents initiating participation in the parenting education program will complete the program, defined as participation in a minimum of eight of ten sessions, as documented through enrollment and attendance lists, and completed pre/post-tests.

Objective 1.3.: As a result of completing the NPP, a minimum of 80% of participants will note improvement in one or more of the following areas: sense of parental knowledge and competency; improved parent/child interaction; increased incidence of visitation; and/or improved co-parenting interactions, as documented through pre/post-tests.

Goal 2: To assist participants in achieving and maintaining stable life conditions, including meeting basic needs and addressing conditions such as education and employment, that are necessary preconditions for engaging in successful long-term parenting.

Objective 2.1.: A minimum of 225 parents will receive one-on-one case management services during the project period, as documented through enrollment and Client Action Plan, and Consultation Notes.

Objective 2.2.: All parents receiving case management will complete a thorough needs assessment addressing Social Determinants of Health (**SDOH**) factors, Protective Factors, and other elements of need, and will develop an Individualized Client Action Plan, as documented through individual case files.

Objective 2.3.: A minimum of 80% of those parents completing the Individualized Client Action Plan and participating in case management for at least six months will exhibit progress in one or more life-stabilization elements, including access to food, housing status, movement toward resolution of a legal issue, acquisition of needed documentation, initiation of education or employment, and/or another stabilization element, as documented through case file notes.

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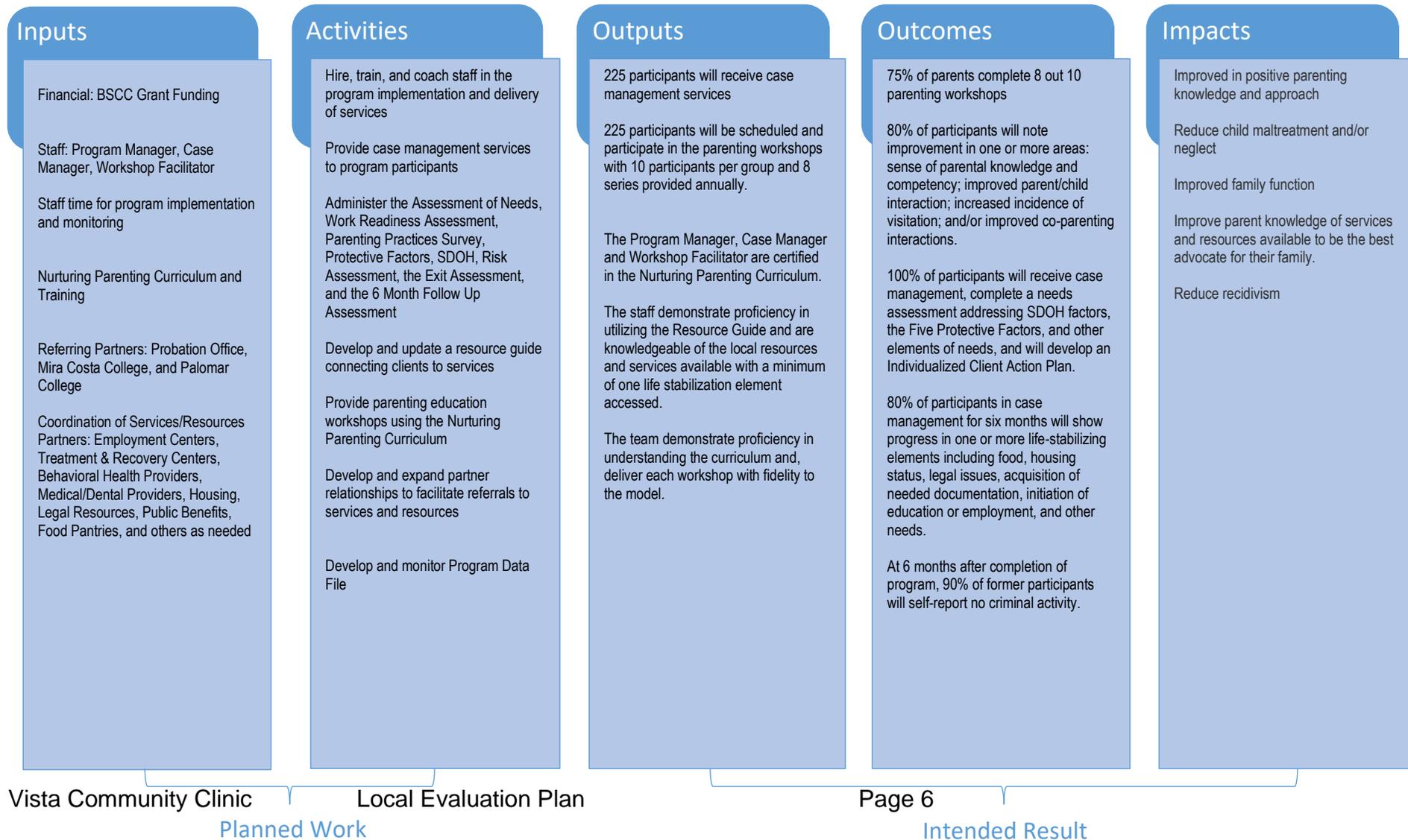
Goal 3: To reduce juvenile/criminal justice system recidivism among those parents participating in the NC program.

Objective 3.1.: NC staff will incorporate problem-solving content in the Nurturing Parenting Program curriculum and through the case management consultations that will include discussion of how and when to draw on interpersonal and community resources to support positive life choices and how to address moments of crisis to reduce the likelihood of recidivism, as documented through curriculum, workshop materials, and case notes.

Objective 3.2. At six months after completion of participation in the NC program, a minimum of 90% of former participants reached will have had no additional cause for contact with the juvenile/criminal justice systems, as documented through participant self-report.

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Logic model for the New Connections Program.



Process Evaluation Method and Design

Input/Resource/Activity/ Output	Data Element(s)	Data Source(s)	Frequency of Data Collection
Provide 75 participants annually with case management services	# of participants served	Client Database Client Action Plans	Each time a case management consultation is completed with participant
Provide parenting workshops to 75 participants annually	# of participants	Workshop Attendance Database	Each time a participant attends a workshop
Administer Assessment of Needs, Protective Factors Assessment, SDOH Assessment	# of assessments completed for all participants enrolled	Assessments completed and filed in client chart	Administered during intake
Administer the Employment Readiness Assessment	# of participants with assessments completed	Assessment completed and filed in client chart	Administer during 3 rd consultation
Hire and train the case manager and workshop facilitator in the Nurturing Parenting Curriculum	Case manager and workshop facilitator was hired and trained	Employment Record Training Record	At the program start and annually as necessary
Extent to which project was successfully implemented	Meeting with Facilitators on implementation and barriers of implementation	Discussions with staff during meetings	Biannually and throughout the duration of grant
Establish and expand partners to facilitate	# of active partners	Roster of Partners	At program inception and throughout the duration of the grant

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referrals to services and resources for participants			
Administer the Exit Assessment	# of Exit Assessments Completed	Exit Assessment entered into the database and filed in client chart	Administer at the last consultation with participant
Administer the 6 Month Follow Up Assessment	# of 6 Month Follow Up Assessments completed	6 month Follow Up Assessment filed in client chart	Administer at 6 months after client exit date

Through the grant funding provided by the Board of State and Community Corrections, Vista Community Clinic will implement the NC Program. A Descriptive Research Design will be used in the program analyses. A CM and workshop Facilitator (**WF**) will be hired, trained, and coached to ensure understanding and proper implementation of all program services and documentation by the PM. The PM will schedule and document training completed in the following areas: Three Pillars to Reduce Recidivism using the Maryland Public Policy Institute Study, Trauma Informed Approach, Motivational Interviewing, Cognitive Behavior Therapy principals, Emotional Intelligence, and the Elements of Case Management. The PM, CM, and WF will complete the Nurturing Parenting Curriculum Training. Additional training will include the program database, data file, NC work plan, evaluation plan, and program templates. The CM will be trained on documenting client charts, administering the Assessment of Needs (Pre), Protective Factors Assessment (Pre/Post), SDOH Assessment (Pre/Post), Employment Readiness Assessment (Pre), Survey of Parenting Practices (Pre/Post), Exit Assessment (Post), and the 6 Month Follow Up Assessment (survey). A monthly report will assist in monitoring program operations and to help identify challenges that need to be addressed. The PM will be responsible for the implementation, monitoring, supervising fidelity to the model, and communicating program status to the team and Chief of Health Promotion.

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Referrals to the NC Program will be received by the Probation Department, the Transitions Programs serving students on Probation at Mira Costa College and Palomar College. This program will require a collaborative effort utilizing numerous services and resources provided by each community partner that include: food, housing, legal services, education, employment, medical, behavioral health, dental, affordable daycare/preschool, and other as necessary. The NC team will sustain and expand existing partners to facilitate referrals for program participants. The intake process will begin with a referral obtained by one of the named partners. The CM will verify that the client meets the eligibility criteria: parent, under the age of 25 years, involved with the juvenile justice system, and/or carryover youth from the Child Welfare Services. Participants who are eligible will be contacted within 24 hours of receiving the referral form. The CM will contact the participant and schedule the first consultation to complete the intake process. The CM will complete the Intake Form, Assessment of Needs, Protective Factors Assessment, SDOH Assessment, Survey of Parenting Practices, Consent to Release Information Form, and the Individualized Client Action Plan. Parenting workshops will be offered on a weekly schedule utilizing the Nurturing Parenting Curriculum. Virtual workshops will be scheduled once a week from 5:00-6:30 PM or as necessary. Participants will have the opportunity to start the workshops after completing the intake process.

The NC objectives include: engage 225 parents during the project period; the completion of engagement in NC by a minimum of 75% of those parents who initiate involvement; receipt of case management services by all parents who initiate involvement; a completion of a CM assessments by all parents who initiate NC involvement; and receipt of problem-solving content by all participating parents. The project's key outcome measures include: improvement in parental knowledge, competency, and/or practices by a minimum of 80% who complete NPP; achievement of one or more life-stabilization outcomes by a minimum of 80% who have at least six months' involvement in CM services; and 90%+ who complete NPP will have no juvenile or criminal system re-involvement within six months of NC completion.

Outcome Evaluation Method and Design

Outcome	Definition	Data Source(s)	Frequency of Data Collection
Increase parenting knowledge, competency, parent and child interaction, visitation, and co-parenting interactions	80% of parents who complete NPP will show an increase in parent knowledge, competency, parent child interaction, visitation, and co-parenting interactions domains pre to post assessment	Survey of Parenting Practices	At intake and at the completion of 8 out of 10 workshops
Achievement of 1+ life-stabilization outcome	80% of parents who complete at least 6 months of case management services will show improved life-stabilization	Pre and post assessments	At intake and throughout the case management consultations
No criminal justice involvement	90% of participants who complete NPP will have no criminal justice involvement	Individualized Goal Plan and Program Database	Follow up and documented at intake and every consultation
Workshop Completion	75% of parents will complete 8 out of 10 workshops	Attendance Spreadsheet	At the completion of each workshop and data documented for each participant

Outcome Evaluation Method and Design

The NC programs aims to improve parenting knowledge and skill by offering parenting workshops in a group setting and offering supportive services through the provision of case management. A Descriptive Research Design will be used in the analyses. The project's key outcome measures include:

Improvement in parental knowledge, competency, and/or practices by a minimum of 80% who complete NPP.

Utilizing the Survey of Parenting Practices the NC aims to capture change in parenting knowledge, confidence, and parenting approach. The survey will be administered at intake and at the completion of 8 out of 10 parenting topics completed by program participant. This is a 12 question survey using a Likert Scale to capture the following domains: knowledge of child's growth and development, behavior, child's brain growth and development; confidence in self (parent), setting limits for child, and helping child learn at appropriate age; ability to identify child's needs, respond effectively when child is upset, and keep child safe and healthy; parent and child interaction; and the connection with other families with children. The survey has a range of low score or zero to a high score or six for each question. A maximum of 72 points can be scored. Scoring 0-3 or low for each question, demonstrates lack of knowledge, confidence or minimal parent and child interaction. Scoring 4-6 or medium to high score for each question demonstrates knowledge, confidence, and parent child interaction. The pre and post score will determine if parent demonstrates a change in knowledge, confidence, and parent and child interaction.

Achievement of one or more life-stabilization outcomes by a minimum of 80% who have at least six months' involvement in CM services

Case Management services will be documented utilizing the Assessment of Needs to guide in drafting the Individualized Client Action Plan for each program participant. Both documents will be completed at the time of intake. The Individualized Client Action Plan will be updated after each consultation with participant and documented in this action plan and the client database. A comparison of pre and post life stabilization needs

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and outcomes will be documented and analyzed to determine if the assistance of a case manager contributed towards this outcome.

90%+ who complete NPP will have no juvenile or criminal system re-involvement within six months of NC completion.

Through the provision of case management, we will follow up with each participant and document involvement in criminal activity. This will be based on participant self-report. Information will also be provided through the partnership with the Probation Department. The CM utilize the Risk Assessment provided by the Probation Department for each participant to determine the areas of criminogenic risks that may exist. This will help to inform the necessary referrals to behavioral health services, employment, education, public benefits, housing, legal, transportation, or other support services/resources needed to help address those needs and deter participant from criminal activity.

The PM, with other staff input as needed, will be responsible for finalization of the data collection and evaluation plan that will define roles and guide the data and evaluation process. Project staff will create a project database using Excel that will record numbers of participants, attendance data, participant demographics, and dates of NC initiation and completion. Participants will complete the Survey of Parenting Practices and those data will be aggregated and analyzed using an Excel spreadsheet designed to capture response for each question and for each client. Individual participant files will be maintained specific to CM, and will include needs assessment data, the Individualized Client Action Plan, referral documentation, and the exit questionnaire. Participants will complete a number of additional assessments (Recidivism Risk, Protective Factors, SDOH, Work Readiness Assessment), and these will be held within each client's CM file, as will the Individualized Client Action Plan, consultation notes, and the 6-month follow-up survey. All of the project data noted above will be aggregated and analyzed with regard to both the process (e.g., did we serve the numbers proposed? Did the anticipated number complete NC?) and outcomes (How many participants completed the program, exhibited changes in knowledge and practices, achieved a greater measure of life stability, and did not experience recidivism a half year after leaving the NC program.